REPORT - HIPAA 271 to Legacy Systems

SegID	HIPAA Name	Req	System	File	Field
	Eligibility, Coverage or Benefit Information				
ST	**Transaction Set Header**	**R**			
ST 01	Transaction Set Identifier Code	R	ACES		
ST 01	Transaction Set Identifier Code	R	MMIS		
ST 02	Transaction Set Control Number	R	ACES		
ST 02	Transaction Set Control Number	R	MMIS		
BHT	**Beginning of Hierarchical Transaction**	**R**			
BHT01	Hierarchical Structure Code	R	ACES		
BHT01	Hierarchical Structure Code	R	MMIS		
BHT02	Transaction Set Purpose Code	R	ACES		
BHT02	Transaction Set Purpose Code	R	MMIS		
BHT03	Submitter Transaction Identifier	S	ACES		
BHT03	Submitter Transaction Identifier	S	MMIS		
BHT04	Transaction Set Creation Date	R	ACES		
BHT04	Transaction Set Creation Date	R	MMIS		
BHT05	Transaction Set Creation Time	R	ACES		
BHT05	Transaction Set Creation Time	R	MMIS		
HL	*Information Source Level*	*R*			
HL	**Information Source Level**	**R**			
HL 01	Hierarchical ID Number	R	ACES		
HL 01	Hierarchical ID Number	R	MMIS		
HL 03	Hierarchical Level Code	R	ACES		
HL 03	Hierarchical Level Code	R	MMIS		
HL 04	Hierarchical Child Code	R	ACES		
HL 04	Hierarchical Child Code	R	MMIS		
AAA	**Request Validation**	**S**			
NM1	*Information Source Name*	*R*			
NM1	**Information Source Name**	**R**			

Comment

Hard code "271"

Hard code "271"

Sequence number for each ST-SE in a batch.

sequence # start 1 by 1 for each ST-SE

Hard code "0022"

Hard code "0022"

Hard code "11"-response

Hard code "11"-response

Get from 270 BHT03

Get from 270 BHT03

Generate current date

Generate current date

Generate current time.

Generate current time

Sequence number for each HL segment in ST-SE.

sequence number: start 1 by 1 for each HL segment in ST-SE

Hard code "20"-info source

Hard code "20"-info source

Hard code "1"

Hard code "1"

SegID	HIPAA Name	Req	System	File	Field
NM101	Entity Identifier Code	R	ACES		
NM101	Entity Identifier Code	R	MMIS		
NM103	Information Source Last or Organization Name	S	MMIS		
NM108	Identification Code Qualifier	R	MMIS		
NM109	Information Source Primary Identifier	R	MMIS		
REF	**Information Source Additional Identification**	**S**			
PER	**Information Source Contact Information**	**S**			
PER01	Contact Function Code	R	MMIS		
PER02	Information Source Contact Name	S	MMIS		
PER04	Information Source Communication Number	S	MMIS		
AAA	**Request Validation**	**S**			
HL	*Information Receiver Level*	*S*			
HL	**Information Receiver Level**	**S**			
HL 03	Hierarchical Level Code	R	ACES		
HL 03	Hierarchical Level Code	R	MMIS		
HL 04	Hierarchical Child Code	R	ACES		
HL 04	Hierarchical Child Code	R	MMIS		
NM1	*Information Receiver Name*	*R*	ACES		
NM1	*Information Receiver Name*	*R*	MMIS		
NM1	**Information Receiver Name**	**R**			
NM109	Information Receiver Identification Number	R	MMIS		
REF	**Information Receiver Additional Identification**	**S**			
REF02	Information Receiver Additional Identifier	R	MMIS		
AAA	**Information Receiver Request Validation**	**S**			
HL	*Subscriber Level*	*S*	ACES		
HL	*Subscriber Level*	*S*	MMIS		
HL	**Subscriber Level**	**S**			
HL 03	Hierarchical Level Code	R	ACES		

Comment

Hard code "PR"-payer

Hard code "PR"-Payer

Hard code "Washington State DSHS Medical Assistance Administration"

Hard code "XV"-Nat'l PlanID or "FI"-TaxID

Hard code MAA's PlanID or Tax ID

Hard code "IC"

Hard code "Provider Relations"

Hard code "(800)652-6188"

Hard code "21"-info receiver

Hard code "21"-info receiver

Hard code "1"

Hard code "1"

Return whatever was in the same loop of the 270

Return whatever was in the corresponding fields of the 270.

Return whatever was in the corresponding fields of the 270.

Return whatever was in the corresponding fields of the 270.

Subscriber is usually the patient, so there's no Dependent loop (2000D)

Subscriber is usually the Patient, so there's no Dependent Loop (2000D).

Hard code "22"-subscriber

SegID	HIPAA Name	Req	System	File	Field
HL 03	Hierarchical Level Code	R	MMIS		
TRN	**Subscriber Trace Number**	**S**			
TRN01	Trace Type Code	R	ACES		
TRN01	Trace Type Code	R	MMIS		
TRN02	Trace Number	R	ACES		
TRN02	Trace Number	R	MMIS		
TRN03	Trace Assigning Entity Identifier	R	ACES		
TRN03	Trace Assigning Entity Identifier	R	MMIS		
TRN04	Trace Assigning Entity Additional Identifier	S	ACES		
TRN04	Trace Assigning Entity Additional Identifier	S	MMIS		
NM1	*Subscriber Name*	*R*			
NM1	**Subscriber Name**	**R**			
NM101	Entity Identifier Code	R	ACES		
NM101	Entity Identifier Code	R	MMIS		
NM103	Subscriber Last Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-LA
NM103	Subscriber Last Name	S	MMIS	Recip-Elig-File	RECIP-LAST-NAM
NM104	Subscriber First Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-FIF NAME
NM104	Subscriber First Name	S	MMIS	Recip-Elig-File	RECIP-FIRST-NAI
NM105	Subscriber Middle Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-MI
NM105	Subscriber Middle Name	S	MMIS	Recip-Elig-File	RECIP-MIDDLE-IN
NM108	Identification Code Qualifier	S	ACES		
NM108	Identification Code Qualifier	S	MMIS		
NM109	Subscriber Primary Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-PIC-C
NM109	Subscriber Primary Identifier	S	MMIS	Recip-Elig-File	RECIP-IDENT-NU
REF	**Subscriber Additional Identification**	**S**	ACES		
REF	**Subscriber Additional Identification**	**S**	MMIS		

	Comment
	Hard code "22"-subscriber
	Hard code "2"-referenced transaction trace number
	Hard code "2"-referenced transaction trace number
	Send back what was in 270 Loop 2000C TRN03
	Get from 270 Loop 2000C TRN03
	Hard code "2"-info receiver
	Hard code "2"-info receiver
	Get from 270 Loop 2000C TRN03
	Get from 270 Loop 2000C TRN03
	Hard code "IL"-subscriber or insured
	Hard code "IL"-subscriber or insured
ŔST-NAME	
ЛE	
RST-	
ЛE	
DDLE-INIT	
ЛIT	
	Hard code "MI"-Member ID (Medicaid ID/PIC)
	Send "MI"-Member ID (Medicaid ID/PIC)
D-ID	
MBER	
	If 270 had a "EJ" REF with provider's patient account number, it must be stored & returned here.
	Multiple REF segments for different IDs. IF 270 had "EJ" REF with patient acct num, it must be returned here.

SegID	HIPAA Name	Req	System	File	Field
REF01	Reference Identification Qualifier	R	ACES		
REF01	Reference Identification Qualifier	R	MMIS		
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-ACES NUM
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-NU
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-HI(NUMBER
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-SS
REF02	Subscriber Supplemental Identifier	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-DUPE NUM
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-CASE-NUN
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-CLIENT-ID
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-SS-CLAIM
REF02	Subscriber Supplemental Identifier	R	MMIS	Recip-Elig-File	RECIP-SS-NUMBI
N 3	**Subscriber Address**	**S**	MMIS		
N 301	Subscriber Address Line	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-AL 1
N 302	Subscriber Address Line	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-AL 2
N 4	**Subscriber City/State/ZIP Code**	**S**	MMIS		
N 401	Subscriber City Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-C1
N 401	Subscriber City Name	S	MMIS		
N 402	Subscriber State Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-S1
N 402	Subscriber State Code	S	MMIS		
N 403	Subscriber Postal Zone or ZIP Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-ZII
PER	**Subscriber Contact Information**	**S**	MMIS		
PER01	Contact Function Code	R	ACES		
PER05	Communication Number Qualifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RE AREA-NUM
PER05	Communication Number Qualifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RE NUM

	Comment
	Send "F6" with HIC number; send "SY" with SSN; send "Q4" with duplicate client ID; send "3H" with AU number; send "1W" with ACES client ID
	Send "3H" with recip-case-number (optional); send "SY" with SSN (opt); send "1W" with Member/Client ID; send "F6" with recip-ss-claim-num (HIC); if patient account number was received on 270, it must be returned ("EJ")
-CL-ID-	
JM	
C-	
SN-NUM	
-CL-ID-	
MBER	
)	
-NUM	
ER	
	We do not send client's address for privacy reasons.
DDR-LINE-	
DDR-LINE-	
	We do not send client's address for privacy reasons.
TY-ADDR	
	Parse into city, state, zip.
T-CD	
	Parse into city, state, zip.
P-ADDR	
	We do not send client's phone for privacy reasons.
	Hard code "IC"
ES-TEL-	
ES-TEL-	

SegID	HIPAA Name	Req	System	File	Field
AAA	**Subscriber Request Validation**	**S**			
DMG	**Subscriber Demographic Information**	**S**	MMIS		
DMG02	Subscriber Birth Date	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-DC
DMG02	Subscriber Birth Date	S	MMIS	Recip-Elig-File	RECIP-DATE-OF-
DMG03	Subscriber Gender Code	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-SE
DMG03	Subscriber Gender Code	S	MMIS	Recip-Elig-File	RECIP-SEX-CODI
INS	**Subscriber Relationship**	**S**			
DTP	**Subscriber Date**	**S**	ACES		
DTP	**Subscriber Date**	**S**	MMIS		
DTP01	Date Time Qualifier	R	ACES		
DTP03	Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-DC
EB	*Subscriber Eligibility or Benefit Information*	*S*	ACES		
EB	*Subscriber Eligibility or Benefit Information*	*S*	MMIS		
EB	**Subscriber Eligibility or Benefit Information**	**S**	MMIS		
EB 01	Eligibility or Benefit Information	R	ACES		
EB 01	Eligibility or Benefit Information	R	MMIS		
EB 02	Benefit Coverage Level Code	S	MMIS		
EB 03	Service Type Code	S	ACES		
EB 03	Service Type Code	S	MMIS		

	Comment
	HIPAA says race is not used in 271
OB	
BIRTH	In the format CCYYMMDD
EX-CD	
E	Map internal "1" to "M" and "2" to "F"
	Don't put elig dates here; put them in EB loop.
	Don't put elig dates here; put them in EB loop.
	send "442" with date of death
OD	
	Send one EB loop per Client program/plan with EB01="IL"-insured.
	MMIS needs to support more than one program/plan per recipient: send one EB loop per Client program/plan with EB01="IL"-insured. Plus two EB loops if sending TPL/COB info (for other payer & subscriber with EB01="R"-other payer, see "TPL EB Loop:" comment
	Use a combination of values for EB segment data elements to send eligibility data, depending on type of elig; see each field.
	For recipient Medicaid benefits, send "IL"-subscriber or insured. For TPL, TPL EB Loop, send "R"-other payer.
	For recipient Medicaid benefits, send "1"-active coverage. For TPL send "R"-other payer. For restricted provider, send "N" with NM101="13".
	hard code "IND"-individual
	MAA must decide which service type codes to support, besides "30"-generic request.
	MAA must decide which service type codes to support, besides "30"-generic request. Send "A1"-substance abuse, if program-code = "W"

SegID	HIPAA Name	Req	System	File	Field
EB 04	Insurance Type Code	S	MMIS		
EB 05	Plan Coverage Description	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-M/
EB 05	Plan Coverage Description	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-PC
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	MATCH-CODE
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	MEDICAL-CODE
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	PCOP-TYPE
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	PROGRAM-CODE
EB 05	Plan Coverage Description	S	MMIS	Recip-Elig-File	RECIP-EXCEP-IN
EB 06	Time Period Qualifier	S	MMIS		
EB 07	Benefit Amount	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-M(DED-AMT
EB 07	Benefit Amount	S	MMIS	Prior-Authorization	PA-AMOUNT-APF
EB 07	Benefit Amount	S	MMIS	Prior-Authorization	PA-AMOUNT-USE
EB 09	Quantity Qualifier	S	MMIS		
EB 10	Benefit Quantity	S	MMIS	Diagnosis-Master	MAXIMUM-AGE
EB 10	Benefit Quantity	S	MMIS	Diagnosis-Master	MINIMUM-AGE
EB 10	Benefit Quantity	S	MMIS	Procedure-Master	MAXIMUM-AGE
EB 10	Benefit Quantity	S	MMIS	Procedure-Master	MINIMUM-AGE
EB 11	Authorization or Certification Indicator	S	MMIS	Diagnosis-Master	PRIOR-AUTH-IND
EB 11	Authorization or Certification Indicator	S	MMIS	Procedure-Master	PRIOR-AUTH-IND
EB 13	Product or Service ID Qualifier	R	MMIS		
EB 13	Procedure Code	R	MMIS	Proc-Diag-Drug	DRUG-CODE
EB 13	Procedure Code	R	MMIS	Proc-Diag-Drug	PROC-CODE

	Comment
	Send "MC"-Medicaid, AND if HMO, also send another EB loop with EB04="HM" and HMO data in loop 2120C
ATCH-CD	
GM-CD	
	Map MMIS fields to list of all legends on the ID card.
	Map MMIS fields to list of all legends on the ID card.
	Map MMIS fields to list of all legends on the ID card.
E	Map MMIS fields to list of all legends on the ID card.
DIC	Map MMIS fields to list of all legends on the ID card.
	Send "Y" here with spend down amt in EB07; send "32" with lifetime units; send "29" with computed pa-amount-approved minus pa-amount-used; send "B" with co-pay amount.
CAID-	In EB01 send "D" with ded-amt
PROVED	Get these PA amounts by searching for a PA or not?
ED	Get these PA amounts by searching for a PA or not?
	Send "S7" with max age (proc or diag, depending on request by proc or diag); send "S8" with min age. If supported, send "QA" with pa-units-approved; send "99" with units used?
)	
)	
	If using procedure level benefits, send "HC" with proc code; send "ND" with drug code

SegID	HIPAA Name	Req	System	File	Field
EB 13	Procedure Modifier	S	MMIS	Procedure-Master	CODE-MODIFIER
HSD	**Health Care Services Delivery**	**S**			
REF	**Subscriber Additional Identification**	**S**	MMIS		
REF01	Reference Identification Qualifier	R	MMIS		
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	GROUP-NUMBER
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	MEMBERSHIP-NU
REF02	Subscriber Eligibility or Benefit Identifier	R	MMIS	Recip-Elig-File	POL-CERT-NUM
REF03	Plan Sponsor Name	S	MMIS	Recip-Elig-File	POLICYHOLDER-
DTP	**Subscriber Eligibility/Benefit Date**	**S**			
DTP01	Date Time Qualifier	R	ACES		
DTP01	Date Time Qualifier	R	MMIS		
DTP03	Eligibility or Benefit Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-EL DT
DTP03	Eligibility or Benefit Date Time Period	R	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-CL-EL DT
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	COV-BEGIN-DATE
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	COV-END-DATE
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	PCOP-BEGIN-DAT
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	PCOP-END-DATE
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	RECIP-ELIG-BEG
DTP03	Eligibility or Benefit Date Time Period	R	MMIS	Recip-Elig-File	RECIP-ELIG-END
AAA	**Subscriber Request Validation**	**S**			
MSG	**Message Text**	**S**			
III	*Subscriber Eligibility or Benefit Additional Information*	*S*			

	In TPL EB loops, send "IG" with pol-cert-num for both subscr & payer.
	For TPL EB loop, send "1W"-Member ID with membership-number, & send "6P"-group number with group-number & policyholder-name (employer or group name)
₹	
JMBER	
NAME	
	In client EB loop, send "307"-elig as a date range.
	In client EB loop, send "307"-elig with recip-elig-begin/end-date as a date range. (If HMO, send "307" with pcop-begin/end-date in EB04="HM" loop) For TPL EB loops, send "307" with cov-begin/end-date as a date range.
.IG-BEG-	
.IG-END-	
E	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
TE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
E	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")
-DATE	If HMO, send pcop-begin/end-date in HMO EB loop (EB04="HM")

SegID	HIPAA Name	Req	System	File	Field
III	**Subscriber Eligibility or Benefit Additional Information**	**S**	MMIS		
III01	Code List Qualifier Code	R	MMIS		
III02	Industry Code	R	MMIS	Diagnosis-Master	DIAG-CODE-ICD-
III02	Industry Code	R	MMIS	Procedure-Master	BLIND-ONLY-IND
III02	Industry Code	R	MMIS	Procedure-Master	EPSDT-ONLY-IND
III02	Industry Code	R	MMIS	Procedure-Master	ITA-ONLY-IND
III02	Industry Code	R	MMIS	Procedure-Master	PROC-ABORT-INI
III02	Industry Code	R	MMIS	Procedure-Master	PROC-FAM-PLAN
III02	Industry Code	R	MMIS	Procedure-Master	PROC-NH-IND
III02	Industry Code	R	MMIS	Procedure-Master	PROC-STERIL-INI
LS	**Loop Header**	**S**			
NM1	*Subscriber Benefit Related Entity Name*	*S*	MMIS		
NM1	**Subscriber Benefit Related Entity Name**	**S**			
NM101	Entity Identifier Code	R	ACES		
NM101	Entity Identifier Code	R	MMIS		
NM103	Benefit Related Entity Last or Organization Name	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-H(
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Prov-File	PROV-NAME
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	CARRIER-NAME
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	NAME-OF-INSUR

	Comment
	If supporting a request based on diagnosis, return what was in 270 with EB01= covered or non-covered. If sending info that a benefit is limited to a certain diagnosis or facility type, EB01="F"-limitation, and the diagnosis or fac type goes here.
	"BF"-diagnosis or "BK"-principal diagnosis or "ZZ"-type of facility
9	
)	
D	
I-IND	
D	
	TPL EB Loop: since this 2120C loop occurs only once per 2110C loop, we need two 2110C loops just for TPL: one for subscriber name & IDs, one for TPL payer name & IDs. We'll connect them by sending policy number ("IG" REF) in both.
	In client EB loops, send "13" with prov-name & prov-number, send "GP" with cso-of-residence, send "LR" with HOH, send "X3"-UMO with CSO.
	In client EB loops, send "13" with prov-name & restrict-prov-num (or if HMO, pcop-billing-prov instead); send "GP" with cso-of-residence; send "PR"-payer with HMO(PCOP) data. In TPL EB loop (EB01="R"), send "IL" with name-of-insured (subscriber), and "PR
OH-NAME	
	For HMO, get name from prov file via pcop-biling-prov.
	For HMO, get name from prov file via pcop-biling-prov.
ED	For HMO, get name from prov file via pcop-biling-prov.

SegID	HIPAA Name	Req	System	File	Field
NM103	Benefit Related Entity Last or Organization Name	S	MMIS	Recip-Elig-File	POLICYHOLDER-
NM108	Identification Code Qualifier	S	MMIS		
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-CS
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-AU-RE CSO-CD
NM109	Benefit Related Entity Identifier	S	ACES	MMIS-Elig-Extract-Rec	W40-MMIS-HOH-(NUM
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	CARRIER-ID
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	CSO-OF-RESIDEI
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	PCOP-BILLING-PI
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	RESTRICT-PROV
NM109	Benefit Related Entity Identifier	S	MMIS	Recip-Elig-File	SSN-OF-INSUREI
N 3	**Subscriber Benefit Related Entity Address**	**S**	MMIS		
N 4	**Subscriber Benefit Related City/State/ZIP Code**	**S**			
PER	**Subscriber Benefit Related Entity Contact Information**	**S**	MMIS		
PER02	Benefit Related Entity Contact Name	S	MMIS	Prov-File	PROV-NAME
PER04	Benefit Related Entity Communication Number	S	MMIS	Prov-File	PROV-TELE-NUM
PRV	**Subscriber Benefit Related Provider Information**	**S**			
PRV03	Provider Identifier	R	MMIS	Recip-Elig-File	PCOP-BILLING-PI
LE	**Loop Trailer**	**S**			
HL	*Dependent Level*	*S*			
HL	**Dependent Level**	**S**			
TRN	**Dependent Trace Number**	**S**			
NM1	*Dependent Name*	*R*			
NM1	**Dependent Name**	**R**			
REF	**Dependent Additional Identification**	**S**			

	Comment
NAME	For HMO, get name from prov file via pcop-biling-prov.
	In client EB loop: send "FA" with cso-of-residence; send "MI" with client ID. In TPL EB loop: for subscriber (NM101="IL"), send "34"-SSN with ssn-of-insured; for payer (NM101="PR"), send "PR"-payer ID with carrier-id.
SO-CD	
ESIDE-	
CL-ID-	
NCE	
ROV	
-NUM	
D	
	Add subscriber and/or TPL address to MMIS?
	Add subscriber and/or TPL phone to MMIS?
	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) name, link PCOP-BILLING-PROV when PCOP-TYPE="P" to prov file
I	
ROV	In client's NM101="GP"-HMO loop, send client's case mgr (PCCM) number

SegID	HIPAA Name	Req	System	File	Field
N 3	Dependent Address	S			
N 4	Dependent City/State/ZIP Code	S			
PER	Dependent Contact Information	S			
AAA	Dependent Request Validation	S			
DMG	Dependent Demographic Information	S			
INS	Dependent Relationship	S			
DTP	Dependent Date	S			
EB	*Dependent Eligibility or Benefit Information*	*S*			
EB	Dependent Eligibility or Benefit Information	S			
HSD	Health Care Services Delivery	S			
REF	Dependent Additional Identification	S			
DTP	Dependent Eligibility/Benefit Date	S			
AAA	Dependent Request Validation	S			
MSG	Message Text	S			
III	*Dependent Eligibility or Benefit Additional Information*	*S*			
III	Dependent Eligibility or Benefit Additional Information	S			
LS	Dependent Eligibility or Benefit Information	S			
NM1	*Dependent Benefit Related Entity Name*	*S*			
NM1	Dependent Benefit Related Entity Name	S			
N 3	Dependent Benefit Related Entity Address	S			
N 4	Dependent Benefit Related Entity City/State/ZIP Code	S			
PER	Dependent Benefit Related Entity Contact Information	S			
PRV	Dependent Benefit Related Provider Information	S			
LE	Loop Trailer	S			
SE	Transaction Set Trailer	R			

Comment

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